

Tear out this page to Register!

Not an Amesbury Resident? Not a problem! Out of town residents may apply to all programs! Beginning April 4, non-residents may register at a rate of \$10 extra per child, per program.

Registration Form (Mail-in or Walk-in) Town of Amesbury Summer Recreation Programs 2016

Parent 1 Full Name: _____ Phone: _____ Email: _____
 Address: _____ Town/Zip: _____ Work/Cell Phone: _____
 Parent 2 Full Name: _____ Phone: _____ Email: _____
 Address: _____ Town/Zip: _____ Work/Cell Phone: _____
 Emergency Contact: (Please list THREE in the order in which they should be contacted.)
 Name: _____ Phone: _____ Relation: _____
 Name: _____ Phone: _____ Relation: _____
 Name: _____ Phone: _____ Relation: _____
 Please indicate anyone who has permission to pick up your child (not listed above): _____

Any forms dropped off will be placed with that day's mail.

Please print Child's Info	Child 1 M or F	Child 2 M or F	Child 3 M or F
Full Name			
Date of Birth/Grade in Fall			
Allergies/epi pen use			
Special Needs/Concerns			
Check box for NO photos			

Participant's Name (please fill in above child info, also)	Age	Name of Program	Week # or Dates	For park program only Extended day (add \$60 per week)	Cost	Office Use only
						CASH
						CHECK
						CC
				Donation to scholarship fund to help families in need		
					Total Paid:	

****Please Make Check Payable to the "City of Amesbury"** and return form with payment to: Kathy Crowley, Recreation Director, 68 Elm St 2nd floor. All forms must be completed and paid in full to be processed.

**** Tadpole Park Program, Youth Park Program 5 and 6 year olds and 11 year olds for Teen Program must have copy of birth certificate.****

Participation in this sport /activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____